

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/869692**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		(1)				
5		2				
6		(1)				
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TOTAL IND.	2					
TOTAL DEP.	26					
TOTAL CLAIMS	28					

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TOTAL DEP.			
TOTAL CLAIMS			